

SERFF Tracking Number: ZURC-125627469 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27260
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CW CA 27260 - Adoption of Selection/Rejection Form
Project Name/Number: /

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CA 27260 - Adoption of Selection/Rejection Form SERFF Tr Num: ZURC-125627469 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: CW CA 27260

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Barbara Smith

Disposition Date: 05/12/2008

Date Submitted: 05/06/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal): 09/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt selection/rejection forms for use in your jurisdiction for Commercial Auto.

Company and Contact

Filing Contact Information

SERFF Tracking Number: ZURC-125627469 State: Arkansas
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Barbara Smith, Filing Analyst barb.smith@zurichna.com
1400 American Lane (847) 605-6291 [Phone]
Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR fee - \$50 per form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	05/06/2008	20120968

SERFF Tracking Number:	ZURC-125627469	State:	Arkansas
Filing Company:	Empire Fire and Marine Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CW CA 27260		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

SERFF Tracking Number: *ZURC-125627469* *State:* *Arkansas*
Filing Company: *Empire Fire and Marine Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW CA 27260*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CW CA 27260 - Adoption of Selection/Rejection Form*
Project Name/Number: */*

Disposition

Disposition Date: 05/12/2008
Effective Date (New): 09/01/2008
Effective Date (Renewal): 09/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125627469 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Rejection of Personal Injury Protection Coverage	Approved	Yes

SERFF Tracking Number: ZURC-125627469 State: Arkansas

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CW CA 27260

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: CW CA 27260 - Adoption of Selection/Rejection Form

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rejection of Personal Injury Protection Coverage	UA 217	06 01	Election/Re New jection/Sup plemental Application s			AR UA217.pdf

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE (ARKANSAS)

Arkansas Insurance Laws (Section 23-89-202 of the Arkansas Code) require an insurer to offer Personal Injury Protection Coverage to its policyholders. The benefits provided by Personal Injury Protection Coverage consist of: (1) ***medical and hospital expenses***, (2) ***income disability benefits*** and (3) ***accidental death benefits***.

Under Arkansas Insurance Laws (Section 23-89-203 of the Arkansas Code) you, the insured named in the policy, have the option of rejecting all or any one of the above-mentioned coverages.

The undersigned and each of them –

(Mark applicable item(s) with an “X”)

- ☐ agrees that the offering of the Personal Injury Protection Coverage ***medical and hospital expenses*** portion is hereby REJECTED.
- ☐ agrees that the offering of the Personal Injury Protection Coverage ***income disability benefits*** part is hereby REJECTED.
- ☐ agrees that the offering of the Personal Injury Protection Coverage ***accidental death benefits*** portion is hereby REJECTED.

Signature of Insured

Signature of Insured

Date

Date

Policy number (if known)

<i>SERFF Tracking Number:</i>	<i>ZURC-125627469</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Empire Fire and Marine Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW CA 27260</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CW CA 27260 - Adoption of Selection/Rejection Form</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	05/12/2008

Comments:

Attachments:

AR PCTD.pdf

AR FFS.pdf

		Review Status:	
Satisfied -Name:	Filing Memo	Approved	05/12/2008

Comments:

Attachment:

Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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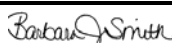
3.	Group Name	Group NAIC #
	Zurich North America	212

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Empire Fire & Marine Insurance Company	NE	21326	47-6022701	

5.	Company Tracking Number	AR CA 27260
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Barbara Smith 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-605-6291	847-605-7768	barb.smith@zurichna.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Barbara J. Smith

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	19.2, 21.2
10.	Sub-Type of Insurance (Sub-TOI)	19.2002, 21.2000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 09/01/08 Renewal: 09/01/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	05/06/08		
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

20.	This filing transmittal is part of Company Tracking #	AR CW 27260
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of selection/rejection form UA 217, for use in your state. It will be used to comply with your state's selection and/or rejection requirements.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR CA 27260		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Rejection of Personal Injury Protection Coverage	UA 217	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Empire Fire and Marine Insurance Company
Commercial Automobile

FILING MEMORANDUM

Empire Fire and Marine Insurance Company is filing to adopt the attached selection/rejection form(s) for use in your state. It will be used to comply with your state's selection and/or rejection requirements.

The proposed effective date for the selection/rejection form(s) is September 1, 2008.